

Woodbridge Youth Soccer

PO Box 584 - Woodbridge, NJ - 07095 League Phone # 732-634-9219
 www.woodbridgeyouthsoccer.com

Player Registration Form

Player Information		Date of Birth:	Male or Female	Is this Child Currently a Travel Player	Request
Last Name:	First Name:				

Address:		Town:	
Home Phone:		Zip Code:	
Father's Name:		Cell Phone:	
Mother's Name:		Cell Phone:	
Parents Email:			

Emergency Contact if Parent/Guardian is not Available

Last Name:	First Name:	Phone #:

Parent's Approval and Medical Release

Since the sport of SOCCER involves aggressive play as well as player contact, injuries may occasionally occur during practice sessions and games. By signing and dating this form the parent/or legal guardian of the minor named on this form releases and shall indemnify and hold harmless WTYSA from any and all damages that may occur as a result of such injuries. The undersigned also acknowledges and understands that in the event of the possibility of injury, emergency medical assistance may have to be administered. WTYSA requires full disclosure of any and all medical conditions or allergies which may require adverse effect on emergency medical treatment (e.g. drug allergies; diabetes; asthma; reaction to stings; etc). Disclosure shall include ANY and ALL medical conditions and/or allergies of the above named minors applying to play soccer with WTYSA.

Enter medical history if any, if none please enter NONE:

Check here if you would like to coach a team

Registration Costs:

Fall 2010 Season - 1 Child	\$80	Fall 2010 Season - 3 Children	<i>Must be Brother or Sister of 1st Child above</i>	\$200
Fall 2010 Season - 2 Children	<i>Must be Brother or Sister of 1st Child above</i>	\$140	Fall 2010 Season - 4 Children	<i>Must be Brother or Sister of 1st Child above</i>
				\$260

Parent/Guardian Signature: _____

Date: _____

LEAGUE USE ONLY *Number of Children*

Date:	Amount Paid:	Check #
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